



The Institute of Chartered Accountants of Pakistan

**APPLICATION FOR ADMISSION TO
FOUNDATION / INTERMEDIATE EXAMINATION**
(To be completed by the candidate in his/her own handwriting in capital letters)
Session: Spring / Autumn 200_____

Roll No. _____
(For office use only)

Examination Centre:	KAR	HYD	FAI	ISD	LAH	MUL	PES	SKT
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For Office use only

MID _____

Category _____

Form Type _____

Initial _____

Please read instructions on reverse page before completing this form.

(Tick the appropriate box. Examination Centre once declared can only be changed if request is received by Examination Department ten <10> days before the commencement of examinations.)

Examinee Registration No. _____ CRN : _____
(Please mention your BSR/BNR/FSR/FNR/SR/NR/CR/PSR/PNR/PIP/HEX/GEX/MEX Number)

One Photograph
1" x 1"

Attested at the back
(To be stapled)

- Name: _____
- Father's Name: _____
- Date of Birth: _____ (As per matriculation certificate)

4- Communication Address:	5- Permanent Address:
Phone #: _____ Cell #: _____	Phone #: _____ Cell #: _____
E-mail Address: _____	E-mail Address: _____

For Students applying for the 'first time' (mandatory to fill serial 6 to 8)

- PPT Passed: Centre _____ Month & Year _____ Roll No. _____
- Reference of the PPT Exemption Letter No. _____ Date: _____
- Name of paper from which exemption has been obtained (if any) _____

9- Category (Tick appropriate box)	ICAP Registration #	NAME of RAET / Principal (For MFC / Trainee Students)	Batch # (for MFC Students only)	Training Period		
				Years	Date of Commencement	Date of Completion
a) MFC <input type="checkbox"/>						
b) TRAINEE <input type="checkbox"/>						
c) PFC <input type="checkbox"/>						

10- APPEARING IN	Module	Referral Paper		Computer Code (For Office Use Only)
		Number	Name	
Full Module <A/B/C/D/SM-1,2,3 etc>				
Consecutive Modules AB/BC/CD				
Referral Paper				
Referral Paper				
Referral Paper				
Referral Paper				

11- Details of Last Time Applied / Appeared (mandatory to fill)

i- Session _____ ii- Roll # _____ iii- Module _____

I declare that the information given above is true and correct to the best of my knowledge and belief.

Signature of Candidate:	<div style="border: 1px solid black; width: 150px; height: 40px;"></div>	Signature of Candidate:	<div style="border: 1px solid black; width: 150px; height: 40px;"></div>
Signature should not exceed from the box.		Signature should not exceed from the box.	

OFFICE COPY

Acknowledgement of Examination Application forms submitted for
Foundation/Intermediate Examination (March / September 200___)

Received from _____ (Student's Name)	Roll No./ICAP Reg. No./Examinee Reg. No. _____
Date: _____	Application Received by _____ (ICAP Officer Sign & Stamp)

CANDIDATE COPY

Acknowledgement of Examination Application forms submitted for
Foundation/Intermediate Examination (March / September 200___)

Received from _____ (Student's Name)	Roll No./ICAP Reg. No./Examinee Reg. No. _____
Date: _____	Application Received by _____ (ICAP Officer Sign & Stamp)